

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000001		CITY OR TOWN	GLOUCES	TER
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ROCKY NECK, INC				
DOING BUSINESS A	MAD FISH GRILL				
ADDRESS 77 ROCK	Y NECK AVE.				
CITY/TOWN: GLOU	JCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: AHEA	RN, NICOLE TYPE	OF LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR F	EMAIL ADDRESS		J
DESCRIPTION OF L	ICENSED PREMISES	S:			
SINGLE STORY RESTA AND KITCHEN. ONE E			SQ. FT. WITH DININ	G ROOM, LO	UNGE
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for the	e same premises now	licensed;	
2. the licensee	has complied with all	l laws of the Com	monwealth relating t	o taxes; and	
3. the premise	es are now open for bu	siness (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2	by the building inspe	ector and the hea	d of the fire depart	ment for the	above
of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	 n)				
Tr Tip	,				
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000005	CITY	Y OR TOWN	GLOUCEST	TER
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 201	13
	CLASS		Y	YEAR
LICENSEE NAME: THE TRIO BUILDIN	NG INC.			
DOING BUSINESS A LOBSTA LAND				
ADDRESS CAUSEWAY STREET				
CITY/TOWN: GLOUCESTER	STATE: MA Z	ZIP CODE:	01930	
MANAGER: GRAMMAS, TYPE COREY	OF LICENSE: Restaurar	nt CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL AD	DRESS	_	
DESCRIPTION OF LICENSED PREMISE	S:			
1 BAR ENTRANCE INTO BAR AREA WITH I DOORS TO STREET AND KITCHEN AREA V FRONT OF BUILDING.				
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	e same type for the same	premises now	licensed;	
2. the licensee has complied with al	ll laws of the Commonwe	ealth relating to	taxes; and	
3. the premises are now open for bu	siness (If not explain be	low)		
3. the premises are now open for bu	usiness (If not explain be	low)		
SIGNED BY:	r Authorized Corporate C			
SIGNED BY:	<u> </u>			
SIGNED BY:	<u> </u>			
SIGNED BY:	r Authorized Corporate C	Officer	IDENTIFICATION	ON NUMBER:
SIGNED BY: Individual, Partner or	r Authorized Corporate C	Officer		
SIGNED BY: Individual, Partner or	NUMBER: a possession (1) the certicetor and the head of the	Officer EMPLOYER (Note: NOT Indi	vidual Social Sed d by Chapte nent for the a	r 304 of the
SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent in the control of the certificate of license and (2) the certificate of license.	NUMBER: n possession (1) the certicetor and the head of the quor liability insurance	Officer EMPLOYER (Note: NOT Indi	vidual Social Sec d by Chapte nent for the a Chapter 116	r 304 of the above of the Acts
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent and license and (2) the certificate of license of 2010.	NUMBER: n possession (1) the certicetor and the head of the quor liability insurance	EMPLOYER (Note: NOT Indi ificate require te fire departner required by C	vidual Social Sec d by Chapte nent for the a Chapter 116	r 304 of the above of the Acts
SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liconof 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the certicetor and the head of the quor liability insurance	EMPLOYER (Note: NOT Indi ificate require te fire departner required by C	vidual Social Sec d by Chapte nent for the a Chapter 116	r 304 of the above of the Acts
SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the certicetor and the head of the quor liability insurance	EMPLOYER (Note: NOT Indi ificate require te fire departner required by C	vidual Social Sec d by Chapte nent for the a Chapter 116	r 304 of the above of the Acts
SIGNED BY: Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liconof 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the certicetor and the head of the quor liability insurance	EMPLOYER (Note: NOT Indi ificate require te fire departner required by C	vidual Social Sec d by Chapte nent for the a Chapter 116	r 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000011	(CITY OR TOWN GLOUCESTE	R
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013	
LICENSEE NAME: EASTERN P DOING BUSINESS A	CLASS OINT YACHT CLUB	YE	EAR
ADDRESS 125 EASTERN POINT			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: FERRIS, CHRISTOPHER	TYPE OF LICENSE: Club	CATEGORY: A	ll Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
TEN EXTERIOR DOOR SERVE AS E ROOMS ON THE FIRST FLOOR; 5 R STORAGE, RESTROOMS AND LOB	OOMS ON THE 2ND 2 ON TH		H 5
I hereby certify and swear under per	nalties of perjury that:		
1. the renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now ope	en for business (If not explain	n below)	
SIGNED BY: Individual, P	artner or Authorized Corpora	ate Officer	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social Secur	
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.	ng inspector and the head	of the fire department for the ab	ove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHOR By:	ITY
DATE:			<u> </u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 045000035		CITY OR TOWN	GLOUCESTER
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ANNISQUA	M YACHT CLUB INC.		
DOING BUSIN	NESS A			
ADDRESS 19	RIVER ROAD			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER:	PASSARETTI, ANTHONY	TYPE OF LICENSE:Club	CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PR			
1ST. FLOOR, D. ONLY.	INING AREA, KITCH	IEN, MENS' AND LADIES' R	OOM, THIRD FLOO	R FOR STORAGE
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	same premises now	licensed;
2. the	licensee has complied	d with all laws of the Comm	onwealth relating to	o taxes; and
3. the	premises are now ope	en for business (If not expla-	in below)	
SIGNED BY:				
	Individual, P	artner or Authorized Corpor	rate Officer	
DATE:	TELEF	PHONE NUMBER:		LIDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insur	of the fire departr	ment for the above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000037		CITY OR TOWN	GLOUCES	TER
APPLICATION FOR F	RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	OYERS STUDIO	RESTAURANT CO	RP.		
DOING BUSINESS A	THE STUDIO				
ADDRESS 51 ROCKY	NECK AVE.				
CITY/TOWN: GLOU	CESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: DYER,	DENNIS TY	PE OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMI	SES:			
ONE-STORY WOODEN 33'X65' OPEN DECK ON			NO CELLAR' ONE F	LOOR TWO I	ROOMS.
I hereby certify and swe	ear under penalties	s of perjury that:			
1. the renewed	license will be of	the same type for the	same premises now	licensed;	
2. the licensee	has complied with	all laws of the Com	nonwealth relating t	o taxes; and	
3. the premises	s are now open for	business (If not expl	ain below)		
SIGNED BY:			0.00		
J	Individual, Partnei	or Authorized Corpo	orate Officer		
DATE:			EMBI OVE		NON NUMBER.
DAIL.	TELEPHON	IE NUMBER:			TION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000038		CITY OR TOW	N GLOUCES	STER
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DYER'S RUD	DER RESTAURAN	Γ		
DOING BUSINESS A	THE RUDD	ER RESTAURANT			
ADDRESS 73 ROCK	Y NECK AVE				
CITY/TOWN: GLO	UCESTER	STATE: N	ZIP CODE:	01930	
MANAGER: DYER	2, DENNIS	TYPE OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		_
DESCRIPTION OF L					
4 ROOMS IN A TWO-S SECOND FLOOR; ALS				S. STORE ROO	M ON
I hereby certify and sw	vear under pena	alties of perjury that:			
1. the renewe	d license will b	e of the same type for	r the same premises no	w licensed;	
2. the licensee	e has complied	with all laws of the C	Commonwealth relating	g to taxes; and	
3. the premise	es are now oper	n for business (If not	explain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized C	orporate Officer		
DATE:					
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT Individual Social S	
			\ <u></u>		, , , , , , , , , , , , , , , , , , , ,
) the certificate requ head of the fire depa		
named license and (2 of 2010.	2) the certifica	te of liquor liability	insurance required b	y Chapter 116	6 of the Acts
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000092	2	CITY OR TOWN GLOUCESTER
APPLICATION FOR RENEWA	L: Seasonal CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: CAFFE D' DOING BUSINESS A ADDRESS 3 MAIN ST		
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930
MANAGER: MOCERI, SEBASTIAN	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED ONE ENTRANCE/EXIT, CAFFEE		
2. the licensee has composed as the premises are now of SIGNED BY:	ill be of the same type for the slied with all laws of the Commopen for business (If not explain, Partner or Authorized Corpor	onwealth relating to taxes; and in below)
	,	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bui	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	5000093		CITY	OR TOWN	GLOUCES	TER
APPLICATION FOR RE	ENEWAL:	Season	nal	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: CA	APTAIN CARI	LO'S LLC				
DOING BUSINESS A	CAPTAIN CAR	RLOS				
ADDRESS 27-37 HARE	BOR LOOP					
CITY/TOWN: GLOUC	CESTER	STATE:	MA ZI	P CODE:	01930	
MANAGER: FOSTER ROSEMA	,	YPE OF LICENS	SE:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADD	PRESS		_
DESCRIPTION OF LIC	ENSED PREM	IISES:				
OUTSIDE EXITING FROM AREA & 2 TEMP. TENTS INTERIOR TENTS & BAR STAFF PERSON & OR PO	, ENCLOSED E RRIERS ADJAC	NCLOSED BY E ENT TO DRIVE	XTERIOR BL	DG.,WALL, I	EXTERIOR W	ALL OF
I hereby certify and swea	ar under penalti	es of perjury tha	t:			
1. the renewed l	icense will be o	of the same type	for the same p	remises now	v licensed;	
2. the licensee h	as complied wi	th all laws of the	Commonwea	alth relating	to taxes; and	
3. the premises a	are now open fo	or business (If no	ot explain belo	ow)		
SIGNED BY:	dividual, Partn	er or Authorized	Corporate O	fficer		
DATE:	TELEPHO	NE NUMBER:	(FION NUMBER: Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building i	nspector and th	e head of the	e fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 045000094		CITY	OR TOWN	GLOUCES	TER
APPLICATION FOR	R RENEWAL:	Season	al	LICEN	SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	ANTONELLA I	DELISI, INC				
DOING BUSINESS	A CAPTAIN HO	OK'S RESTAUR	ANT			
ADDRESS 406 WAS	SHINGTON ST					
CITY/TOWN: GLO	OUCESTER	STATE:	MA ZI	P CODE:	01930	
MANAGER: DELI	ISI, VITO T	YPE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		R WEBSITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF I			OSED 1ST FI	LOOR WITH	TWO RESTRO	OOMS:
KITCHEN, STORAGE						
I hereby certify and s	wear under penalt	ies of perjury that	:			
1. the renewe	ed license will be	of the same type for	or the same p	remises now	licensed;	
	-	ith all laws of the		_	o taxes; and	
3. the premis	ses are now open	for business (If not	t explain belo	ow)		
SIGNED BY:	Individual, Part		Corporate Of	fficer		
		ner or Authorized	•			
		ner or Authorized				
		ner or Authorized				
DATE:	TELEPH(ONE NUMBER:		EMPLOYER	R IDENTIFICAT	TON NUMBER:
DATE:	TELEPH(TION NUMBER: ecurity Number)
DATE: We the undersigned Acts of 2004, signed named license and (of 2010.	d, attest that we a	ONE NUMBER: are in possession (inspector and the	(1) the certife head of the	Note: <u>NOT</u> Ind icate requir e fire depart	lividual Social S ed by Chapto ment for the	er 304 of the above
We the undersigned Acts of 2004, signed named license and (of 2010.	d, attest that we a	ONE NUMBER: are in possession (inspector and the	(1) the certife head of the	Note: <u>NOT</u> Ind icate require fire depart required by	lividual Social S ed by Chapto ment for the	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	d, attest that we a	ONE NUMBER: are in possession (inspector and the	(1) the certife head of the	Note: <u>NOT</u> Ind icate require fire depart required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	d, attest that we all by the building (2) the certificate	ONE NUMBER: are in possession (inspector and the	(1) the certife head of the y insurance of LOC	Note: <u>NOT</u> Ind icate require fire depart required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	d, attest that we all by the building (2) the certificate	ONE NUMBER: are in possession (inspector and the	(1) the certife head of the y insurance of LOC	Note: <u>NOT</u> Ind icate require fire depart required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	d, attest that we all by the building (2) the certificate	ONE NUMBER: are in possession (inspector and the	(1) the certife head of the y insurance of LOC	Note: <u>NOT</u> Ind icate require fire depart required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	a: 045000095		CITY OR TOWN	GLOUCES	TER
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		SE RESTAURANT	Γ, INC.		
ADDRESS 4 ROGE	RS STREET				
CITY/TOWN: GLC	OUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: GAO	, JAMES TYP	E OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
RESTAURANT APPR ENTRANCSE/EXIT: 1				OCP. BATHRO	OOMS, 1
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for th	e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth relating to	o taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TEI EPHON	E NUMBER:	EMPLOYER	LIDENTIFICAT	TON NUMBER:
	TEEETHON	E IVOWIDER.	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signed	l by the building ins	pector and the hea	he certificate require ad of the fire departi urance required by	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000096		CITY OR TOWN GLOUC	CESTER
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: RISTORANTE TRA	ATTORIA LLC		
DOING BUSINESS A			
ADDRESS 60 & 64 MAIN STREET			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: ORLANDO, PIERA TYP M.	E OF LICENSE:Rest	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
REST. WITH 3 DINING AREAS, KITCHEN, ENT./EXIT AND SIDE ENTR./ EXIT TABLE		MS ,CELLAR FOR STORAGE,	, FRONT
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	* *	•	
2. the licensee has complied with		_	nd
3. the premises are now open for l	ousiness (If not expla	in below)	
SIGNED BY: Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
122211011	31,01,12210	(Note: NOT Individual Soc	rial Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0)45000098		CITY OR TOWN	GLOUCES	STER
APPLICATION FOR R	RENEWAL:	Seasonal	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 1	OPSIDE GRILI	LINC			
DOING BUSINESS A	TOPSIDE GRII	L			
ADDRESS 50 ROGER	S ST. & 18-26 H	IANCOCK STREET	Γ		
CITY/TOWN: GLOU	CESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: SILVA,	, DENNIS TY	PE OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREM	ISES:			
RESTAURANT W/ENTR HALLWAY CONNECTS				HANCOCK S	TREET.
I hereby certify and swe	ear under penaltie	es of perjury that:			
1. the renewed	license will be o	f the same type for t	he same premises nov	licensed;	
2. the licensee	has complied wit	th all laws of the Co	mmonwealth relating	to taxes; and	
3. the premises	are now open fo	or business (If not ex	plain below)		
SIGNED BY:					
I	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO:	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building in	nspector and the he	ead of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:]				
(If disapproved explain)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 045000103		CITY OR TOWN	GLOUCES	STER
APPLICATION FO	OR RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: MILE MARKER O	NE LLC			
DOING BUSINESS	S A CAPE ANN'S MA	ARINA RESORT			
ADDRESS 75 ESS	EX AVENUE				
CITY/TOWN: GL	OUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: TO	BIN DOMINICKTYP		neral on Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMIS	SES:			
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of t	the same type for the	same premises now	licensed;	
2. the licen	see has complied with	all laws of the Com	nonwealth relating t	o taxes; and	
3. the prem	nises are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins l (2) the certificate of	pector and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	lain)				
	,				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 045000104		CITY OR TOW	N GLOUCES	STER	
APPLICATION F	OR RENEWAL:	Seasonal	LICE	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME DOING BUSINES	E: THE MARKET RES	TAURANT O	N LOBSTER COVE	INC.		
ADDRESS 33 RIV	VER STREET					
CITY/TOWN: G	LOUCESTER	STATE: N	ZIP CODE:	01930		
MANAGER: O'I	REILLY, AMELIATYPE	OF LICENSE	:Restaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR WEB	ES:		CE WITH OLD E	DECK	
AND FRONT ENTE	LUDING DECK AT REAR RANCE, RETAIL AREA, E FORAGE AREA EXCLUDI	MERGENCY E	XIT, TWO BATHS, INC			
•	d swear under penalties o	1 0 0				
	ewed license will be of th	• •	•			
	nsee has complied with a mises are now open for b		· ·	g to taxes; and		
3. the pre-	mises are now open for of	usiness (II not	explain below)			
SIGNED BY:	Individual, Partner o	r Authorized C	orporate Officer			
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT		
			(Note: NOT	Individual Social S	security Number)	
Acts of 2004, sign	ned, attest that we are in ned by the building insp nd (2) the certificate of li	ector and the	head of the fire depa	rtment for the	above	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved ex	plain)					
(== disapproved on	r <i>/</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

:045000106		CITY OR TOW	N GLOUCES	OTEK
RENEWAL:	Seasonal	LICE	ENSED FOR 20	013
	CLASS			YEAR
	· ·			
ASHINGTON STREE	ET			
UCESTER	STATE: MA	ZIP CODE:	01930	
NG,ANTHONYTYPI	E OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular
		MAIL ADDRESS		
		IE GEODAGE DOG	M. ONE ENTED	ANCE
JNE DINING ROOM ,	ONE KITCHEN, OF	NE STORAGE ROC	JM, ONE ENTRA	ANCE
wear under penalties o	of perjury that:			
ed license will be of th	ne same type for the	e same premises no	ow licensed;	
e has complied with a	all laws of the Com	monwealth relatin	g to taxes; and	
es are now open for b	usiness (If not expl	ain below)		
Individual, Partner of	or Authorized Corp	orate Officer		
TELEPHONE	NUMBER:			
		(Note. NOT	individual Social S	security Number)
by the building insp	ector and the hea	d of the fire depa	rtment for the	above
		LOCAL LICE	NSING AUTH	ORITY
		By:		
III <i>)</i>				
	NO. 1 GLOUCESTE A MIDORI CHINES: ASHINGTON STREE OUCESTER NG, ANTHONYTYPE PLEASE ALSO VISIT OUR WEE LICENSED PREMISIONE DINING ROOM, wear under penalties of the has complied with a ses are now open for b Individual, Partner of TELEPHONE I, attest that we are in the by the building inspection.	RENEWAL: Seasonal CLASS NO. 1 GLOUCESTER BUFFET,INC. A MIDORI CHINESE JAPANESE ASHINGTON STREET UCESTER STATE: MA NG,ANTHONYTYPE OF LICENSE:Re PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E LICENSED PREMISES: ONE DINING ROOM, ONE KITCHEN, ON wear under penalties of perjury that: ed license will be of the same type for the see has complied with all laws of the Com- es are now open for business (If not expl Individual, Partner or Authorized Corp. TELEPHONE NUMBER: 1, attest that we are in possession (1) the by the building inspector and the hea 2) the certificate of liquor liability insu	RENEWAL: Seasonal LICE CLASS NO. 1 GLOUCESTER BUFFET,INC. A MIDORI CHINESE JAPANESE ASHINGTON STREET UCESTER STATE: MA ZIP CODE: NG,ANTHONYTYPE OF LICENSE:Restaurant PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS LICENSED PREMISES: ONE DINING ROOM, ONE KITCHEN, ONE STORAGE ROC wear under penalties of perjury that: ed license will be of the same type for the same premises not the head of the fire depair of the same in possession (1) the certificate required in the certificate of liquor liability insurance required in LOCAL LICE By:	CLASS NO. 1 GLOUCESTER BUFFET, INC. A MIDORI CHINESE JAPANESE ASHINGTON STREET UCESTER STATE: MA ZIP CODE: 01930 NG, ANTHONYTYPE OF LICENSE: Restaurant CATEGORY: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS LICENSED PREMISES: DNE DINING ROOM, ONE KITCHEN, ONE STORAGE ROOM, ONE ENTRA Wear under penalties of perjury that: ed license will be of the same type for the same premises now licensed; he has complied with all laws of the Commonwealth relating to taxes; and es are now open for business (If not explain below) Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social S I, attest that we are in possession (1) the certificate required by Chapter 1 by the building inspector and the head of the fire department for the 2) the certificate of liquor liability insurance required by Chapter 116 LOCAL LICENSING AUTH By:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 045000107		CITY OR TOWN	1 GLOUCES	OTEK
APPLICATIO:	N FOR RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: MELISSA R. SAL	LAH			
DOING BUSI	NESS A SUGAR MAGN	OLIA'S CAFÉ			
ADDRESS 11	2 MAIN STREET				
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	SALLAH, MELISSATY	PE OF LICENSE: Re	staurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREMI	SES:			
	RESTAURANT, EXIT & EN N'S & LADIES ROOM, 1600			DINING AREA	A ,
I hereby certify	y and swear under penalties	s of perjury that:			
1. the	renewed license will be of	the same type for the	same premises no	w licensed;	
2. the	licensee has complied with	n all laws of the Com	monwealth relating	to taxes; and	
3. the	premises are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate of	spector and the hea	d of the fire depar	tment for the	above
Please Check Belo	ow:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

BER: 045000109		CITY OR TOWN	JLUUCESTER
FOR RENEWAL:	Seasonal	LICENSE	ED FOR 2013
	CLASS		YEAR
IE: CASTLE MAN	NOR INN LLC		
ESS A			
ESSEX AVENUE			
GLOUCESTER	STATE: MA	ZIP CODE:	01930
AKER, LAURA IINI	TYPE OF LICENSE:R	estaurant CAT	TEGORY: All Alcohol
SS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
			CE ENTRANCE AND
nd swear under pena	alties of perjury that:		
newed license will be	e of the same type for tl	ne same premises now lie	censed;
ensee has complied	with all laws of the Cor	nmonwealth relating to t	taxes; and
emises are now oper	n for business (If not ex	plain below)	
Individual, Par	rtner or Authorized Cor	porate Officer	
TELEPH	HONE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
		(Note: NOT Indivi	dual Social Security Number)
gned by the buildin	g inspector and the he	ad of the fire departme	ent for the above
		LOCAL LICENSIN	NG AUTHORITY
<u></u>		By:	
:			
xplain)			
	FOR RENEWAL: TE: CASTLE MAN SS A ESSEX AVENUE GLOUCESTER AKER, LAURA HINI SS: PLEASE ALSO VISIT OF OF LICENSED PRE AURANT-4 ROOMS, 2400 SQ FT3 RES and swear under pena newed license will be ensee has complied emises are now oper Individual, Pan TELEPH gned, attest that we gned by the buildin and (2) the certificate	CLASS ME: CASTLE MANOR INN LLC SS A ESSEX AVENUE GLOUCESTER STATE: MA AKER, LAURA TYPE OF LICENSE:R IINI SS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR OF LICENSED PREMISES: AURANT-4 ROOMS, 1500 SQ FT WITH BAR 2400 SQ FT3 RESTROOMSMAIN ENTER and swear under penalties of perjury that: newed license will be of the same type for the ensee has complied with all laws of the Core emises are now open for business (If not expended by the building inspector and the he find (2) the certificate of liquor liability inserting the core individual inspector and the he ind (2) the certificate of liquor liability inserting the core individual inspector and the he ind (2) the certificate of liquor liability inserting the core individual inspector and the he individual	FOR RENEWAL: CLASS TE: CASTLE MANOR INN LLC SS A ESSEX AVENUE GLOUCESTER STATE: MA ZIP CODE: AKER, LAURA TYPE OF LICENSE:Restaurant CAT INI SS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS OF LICENSED PREMISES: AURANT-4 ROOMS, 1500 SQ FT WITH BAR WITH 10 SEATSSERVIT 2400 SQ FT3 RESTROOMSMAIN ENTRANCE EAST SIDE and swear under penalties of perjury that: newed license will be of the same type for the same premises now lifensee has complied with all laws of the Commonwealth relating to the emises are now open for business (If not explain below) Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER II (Note: NOT Individual, Partner or Individual) LOCAL LICENSIN By:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000110		CITY OR TOWN GLOUCEST	ER
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013	3
	CLASS	Y	EAR
LICENSEE NAME: OHANA, INC.			
DOING BUSINESS A OHANA			
ADDRESS 151 MAIN STREET			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: DADULAS, ERNIE TY T.	PE OF LICENSE:Res	ctaurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	ISES:		
52 SEAT RESTAURANT & 9 SEATS AT T OFICE, BATHROOM, COMMON AREA & VESTIBULE			i.
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now licensed;	
2. the licensee has complied with	h all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open for	r business (If not expla	nin below)	
SIGNED BY: Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATIO	N NUMBER:
		(Note: NOT Individual Social Sect	urity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	l of the fire department for the a	bove
Please Check Below:		LOCAL LICENSING AUTHOR	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 045000111		CITY OR TOWN	GLOUCES'	TER	
APPLICATION FOR RENEWAL:		Seasonal LICENSED FO			OR 2013	
		CLASS			YEAR	
LICENSEE NAME DOING BUSINESS	: LAURA CRAMER S A THE CAVE					
ADDRESS 44 MAI	N STREET					
CITY/TOWN: GL	OUCESTER	STATE: MA	ZIP CODE:	01930		
MANAGER: CRA	AMER, LAURA TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS			
	LICENSED PREMISE TORAGE AREA, UTILIT		LF BATH			
2. the licens 3. the prem	wed license will be of the see has complied with a see are now open for b	ll laws of the Comn	nonwealth relating to			
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY	
DISAPPROVED:			By:			
(If disapproved expl	lain)					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 045000112		CITY OR TOWN	GLOUCES	TER
APPLICATIO	N FOR RENEWAL:	Seasonal	Seasonal LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	AME: ROBERT L. N	EWTON			
DOING BUSI	NESS A THE CAPE A	NN COMMUNITY CIN	EMA		
ADDRESS 21	MAIN STREET				
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	NEWTON, ROBERT L.	ΓΥΡΕ OF LICENSE: Gen prei	neral on CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
88 SEAT COMN I hereby certify 1. the 2. the	N OF LICENSED PRE MUNITY CINEMA, LIVI and swear under penal renewed license will be licensee has complied w	ING ROOM SETTING WIT	Same premises now nonwealth relating to	licensed;	
SIGNED BY:	Individual, Par	tner or Authorized Corpo	rate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Acts of 2004,	signed by the building	are in possession (1) the g inspector and the head e of liquor liability insu	of the fire departr	nent for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					